			3									
	plication or Docket Number										ber	
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						mn 2)	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20				F	ATE	FEE	1	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE 355.00		OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS			26mir	() (minus 20= *		•		\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = *				X40=			OR	X80=	
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT		·		+135=				+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	column 2	<u> </u>			OR		.l
							10	DTAL	·	OR	TOTAL	1/8
	G.	(Column 1)	MENDED - PART II (Column 2)			(Column 3)	SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total	•	Minus	**		=	Х	\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X	40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+	35=		OR	+270=	- ;	
						<u> </u>	TOTAL			TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADD	IT. FEE		10.,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		= '	X	40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR		
								35= 		OR	+270=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1) CLAIMS		(Colu		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	Х	\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		=	×	40=		OR	X80=	
11	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											L

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+135=

TOTAL ADDIT. FEE

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DU. (CALCULATION SHEET)

		•	
APPLICATION NUMBER:	0-1824829		:

Total Fee Calculation

	•			7	•
•	Fee Code	Total . · # Claims	Number. Extra X	·Fcc	Fee
	Sm/Le.	•		Sm. Entity	Le. Entity
Basic Filing Fee	201/101	•	•		110
Total Claims >20	203/103	<u>20</u> -20	x		• • • • •
Independent Claims >3	202/102	3 4	* X	•	•••
Mult. Dep Claim Present	204/104				*
Surcharge.	205/105	•			130
English Translation	139	•	•	. – •	•
TOTAL FEE CALCUL	ATION .	•		*	
Fees due upon filing	the applicatio	n:	AL COMPANY	. •	•
Total Filing Fees Due	=	840.00	•	•	•
Less Filing Fees Subn	nitted -\$_	1	· · ·		•
BALANCE DUE		841 00	·		•
• • • • • • • • • • • • • • • • • • • •		•		•	